LIST OF COLLEGE COURSES AND CERTIFICATE OF SCHOLASTIC ACHIEVEMENT Complete and submit this Form with your Application for Federal Employment

1. Name (Last, First, M.I.)						2. Birth date (Month, day, year)	3. Social Se	Social Security Number					
4. Position for which you are applying (Include	de options,	, if any)											
5. List the undergraduate and/or graduate degree, and date received or to be received	college d	egrees	you ha	ave rece	eived or	expect to receive (Give name of degree, nan	ne of college	or unive	ersity gr	anting			
6. State your major undergraduate course(s)) of study					6a. State your major graduate course(s) of	fstudy						
			PA	ARTI	COL	LEGE COURSES							
List below by appropriate academic field which appear to satisfy the qualification each category should be totaled to determine	requiren	nents o	f position	ons for	which y	ng, economics, sociology, etc.) all courses you are applying. List graduate and undergrirements.	s you have ta raduate cours	ken (ind ses sep	luding arately.	those fa	ailed) its for		
Indicate academic field:						Indicate academic field:							
			CREDIT HOURS						CREDIT HOURS				
DESCRIPTIVE TITLE	COMPLE TION DATE	GRADE	SEM.	QTR.	CLASS ROOM	DESCRIPTIVE TITLE	COMPLE TION DATE	GRADE	SEM.	QTR.	CLASS ROOM		
TOTAL						TOTAL							

Indicate academic field:						Indicate academic field:						
		CREDIT HOURS							CREDIT HOURS			
DESCRIPTIVE TITLE	COMPLE TION DATE	GRADE			CLASS ROOM	DESCRIPTIVE TITLE	OMPLE- TION DATE	GRADE	SEM.	QTR.	CLASS	
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TOTAL						TOTAL						
Indicate academic field:						Indicate academic field:						
	CREDIT HOUR				DURS				CREI	OH TIC	URS	
DESCRIPTIVE TITLE	COMPLE TION DATE	GRADE	SEM.	QTR.	CLASS ROOM	DESCRIPTIVE TITLE	OMPLE- TION DATE	GRADE	SEM.	QTR.	CLASS ROOM	
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TOTAL						TOTAL						
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MISCELLANEOUS COURSES												
			CREI	DIT HC	URS				CREDIT HOURS			
DESCRIPTIVE TITLE	COMPLE- TION DATE	GRADE	SEM.	QTR.	CLASS ROOM	DESCRIPTIVE TITLE	COMPLE- TION DATE		SEM.	QTR.	CLASS ROOM	
TOTAL						TOTAL						
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PART II -- PRIVACY ACT STATEMENTAND CERTIFICATION

The Office of Personnel Management is authorized by section 1302 of Chapter 13 (Special Authority) and sections 3301 and 3304 of Chapter 33 (Examination, Certification, and Appointment) of Title 5 of the U.S. Code to collect the information on this form.

Executive Order 9397 (Numbering System for Federal Accounts Relating to Individual Persons) authorizes the collection of your Social Security Number (SSN). Your SSN is used to identify this form with your basic application. It may be used for the same purposes as stated on the application.

The information you provide will be used primarily to determine your qualifications for Federal employment. Other possible uses or disclosures of the information are:

- 1. To make requests for information about you from any source; (e.g., former employers or schools), that would assist an agency in determining whether to hire you;
- 2. To refer your application to prospective Federal employers and, with your consent, to others (e.g., State and local governments) for possible employment;
- 3. To a Federal, State, or local agency for checking on violations of laws or other lawful purposes in connection with hiring or retaining you on the job, or issuing you a security clearance;
- 4. To the courts when the Government is party to a suit; and
- 5. When lawfully required by Congress, the Office of Management and Budget, or the General Services Administration.

Providing the information requested on this form, including your SSN, is voluntary. However, failure to do so may result in your not receiving an accurate rating, which may hinder your chances for obtaining Federal employment.

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to take approximately 40 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E. Street, N.W., Room CHP 500 Washington, D.C. 20415; and to the Office of Management and Budget, Paperwork Reduction Project (3206-0038), Washington, D.C. 20568.

ATTENTION -- THIS STATEMENT MUST BE SIGNED Read the following paragraph carefully before signing this Statement

A false answer to any question in this Statement may be grounds for not employing you, or for dismissing you after you begin work, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All statements are subject to investigation, including a check of your fingerprints, police records, and former employers. All the information you give will be considered in reviewing your Statement and is subject to investigation.

I CERTIFY that all of the statements made in this Statement are	Signature (Sign in ink)	Date Signed
true, complete, and correct to the best of my knowledge and belief, and are made in good faith.		

PARTIII - SCHOLASTIC ACHIEVEMENT

NOTE: This part is for use of college students and graduates who may qualify for some GS-7 positions on the basis of undergraduate scholastic achievement, as provided in an open job announcement. See the appropriate job announcement for complete requirements. Proof of scholastic achievement under one of these provisions should not be submitted with your application, but will be required by the hiring agency at the time of appointment. If you do not wish to qualify on this basis or if you do not meet the scholastic requirements for the position, do not complete this part. In any case, YOU MUST SIGN YOUR NAME AFTER THE CERTIFICATION STATEMENT AT THE BOTTOM OF PAGE 3.

A.	COLLEGE OR CLASS STANDING. Must be in upper third of your graduating class in the college or university, or major subdivision such as School of Engineering, School of Business Administration, etc.												
	NUMBER 1	N CLASS YOU	R STANDING										
	appropriate official. This statem comprehensive examination or an standing in your college or univ	he in the form of a statement in writing ent of class standing must be based overall faculty assessment, and must versity or the first major subdivision (i.e., a single academic department with major subdivisions for this purpose.	on a suitable measure indicate the basis of e.g., the School of Busine	of you the judg	r acade ment. nistratio	mic perf Class s n, the C	Formance, su tanding must ollege of Ar	ich as the re st be based ts and Scien	sults of a on your ces, etc.)				
В.	COLLEGE-GRADE POINT AVERAGE. Your grade-point average (GPA) should be recorded in the manner that is most beneficial to you, using one of the methods below. Your grade-point average must be expressed in terms of a value on a 4.0 scale based on 4 years, the last 2 years, or courses completed in the major field of study.* If computing your GPA, indicate the method used and period covered by checking the appropriate boxes in item 2 and in item 3 below, and compute your average in the space provided below on this page.												
	1. GPA as recorded or	final transcript	(Transcript must c	over a	t least	the la	ast 2 year	rs)					
	2. (Check One)	Average of undergraduate co	urses A	verage	in maj	or field	of study						
	3. (Check One)	At time of filing*	All 4 years				Last 2 y	vears					
	claim credit under the sch	your courses were graded on a pass/fail olastic achievement provision based on y your freshman-year courses (25 percent or	ly on class standing o	r membe	ership in	a natio	onal honor s	society. The					
	NO. OF SEMESTER OR	QUARTER HOURS AT 4.0 ("A")		X	4	=							
	NO. OF SEMESTER OR	QUARTER HOURS AT 3.0 ("B")		X	3	=							
	NO. OF SEMESTER OR	QUARTER HOURS AT 2.0 ("C")		X	2	=							
	NO. OF SEMESTER OR	QUARTER HOURS AT 1.0 ("D")		X	1	=							
	NO. OF SEMESTER OR	QUARTER HOURS AT 0.0 ("F")		X	0	=							
		TOTAL(1)		TOTA	A L(2)								
		MPUTED GRADE-POINT AVERAGE at (2) divided by Total (1)											
C.		ERSHIP. Must be one the nation of College Honor Societies (other						ım					
	Name of honor society and date v	ou were elected to membership.											